MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/728420

APPLICANT(S)

FILING DATE

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2	1					
3		2				
4	1					
5		2				
6		2				
7		2				
8		2				
9		1				
10		1				
11	1					
12	1					
13		4				
14		1				
15		4				
16		2				
17		2				
18		2				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		1				
27		1				
28		(6)				
29		2				
30	1					
31		1				
32	1					
33	1					
34		2				
35		2				
36		1				
37		2				
38		2				
39	1					
40		1				
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.		73				
TOTAL CLAIMS	82					

CLAIM	AS FILED IND.	AS FILED DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56			1			
57			1			
58			1			
59			1			
60				4		
61				4		
62				4		
63				4		
64				4		
65						
66						
67						
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84				4		
85				4		
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			18			
TOTAL DEP.				33		
TOTAL CLAIMS			51			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS